U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Maternal and Child Health Bureau
Division of Maternal and Child Health Workforce Development

Healthy Tomorrows Partnership for Children Program (HTPCP)

Announcement Type: New
Announcement Number: HRSA-13-176

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: September 21, 2012

Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.

Release Date: August 21, 2012

Issuance Date: August 22, 2012

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Authority: Social Security Act, Title V, § 501(a)(2) as amended, (42 U.S.C. 701(a)(2))

Executive Summary

This announcement solicits applications for Fiscal Year (FY) 2013 for the **Healthy Tomorrows Partnership for Children Program (HTPCP).** Grant support is available from the Division of Maternal and Child Health Workforce Development (DMCHWD), part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). We are aware that preparation of this application will involve a considerable commitment of time and energy. **Please read the funding opportunity announcement carefully before completing the application.**

Purpose:

The purpose of the Healthy Tomorrows Partnership for Children Program (HTPC) is to increase the number of innovative community initiated programs that promote access to health care for children, youth and their families nationwide, and employ preventive health strategies. This program most closely supports HRSA's goals to improve access to quality health care and services, to build healthy communities, and to improve health equity. HTPC funding supports direct service projects, not research projects.

Grantees are required to leverage their federal award of $50,000 per year in years two through five (Years 2-5) with $100,000 from non-federal sources. The match requirement has encouraged grantees to form effective partnerships with State Title V, foundations, school systems, universities, and local businesses. State Title V staff members, AAP local chapter representatives, community partners and local funders are invited to participate in every Healthy Tomorrows technical assistance visit conducted with grantees in year two (2) of their five year project periods.

It is anticipated that HTPC grants will be awarded to approximately eight (8) recipients. The intent of HTPC grants are: 1) to support the development of family-centered, community-based initiatives that plan and implement innovative and cost-effective approaches for focusing resources to promote community defined preventive child health and developmental objectives for vulnerable children and their families, especially those with limited access to quality health services; 2) foster/promote collaboration among community organizations, individuals, agencies, businesses, and families; 3) involve pediatricians and other pediatric health professionals in community-based service programs; and 4) build community and statewide partnerships among professionals in health, education, social services, government, and business to achieve self-sustaining programs. HTPC encourages the use of innovative health information technology to increase access to a wide variety of stakeholders in communities.

This community based program brings innovative services to communities as determined by local needs assessments. In FY 2010, projects served 2,990 pregnant women, 15,975 infants, children and youth, 3424 infants, children and youth with special health care needs, and 1,415 women (not pregnant). In terms of race/ethnicity, 55.6% of individuals served were Hispanic/Latino; 33.6% were not Hispanic/Latino while 40.0% of individuals served were White; 18.1% were Black/African-American; 4.8% were More than One Race; 2.0% were Asian; 0.30% were Native Hawaiian/Pacific Islander; and 0.30% were American Indian/Alaska Native. In FY 2011, 44 HTPC grantees indicated that 32.3% of funds went into direct health care services, 34.7% into enabling services, 25.6% into population-based services and 7.4% into

infrastructure building services (Data from the MCHB Discretionary Grants Information System, 2010).

MCHB encourages organizations to develop proposals that incorporate and build upon the goals, objectives, guidelines and materials of the **Bright Futures for Infants, Children and Adolescents** initiative to improve the quality of health promotion and preventive services in the context of family and community. Bright Futures materials may be found at http://www.brightfutures.aap.org.

Eligible Applicants:
As cited in 42 CFR Part 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for Federal funding under this announcement. An eligible applicant must have both direct fiduciary and administrative responsibility over the project.

Number of Grants and Funds Available Per Year:
Funding is expected to be available in fiscal year 2013 to fund up to eight (8) new HTPCP grants (approximately $47,127 per grant, per year) for a five year project period.

Project Period:
It is anticipated that approved projects will be funded effective March 1, 2013. Pending availability of funds, adequate progress, and a determination that continued funding is in the best interest of the government, project periods for the grants under this competition will be for five years, starting March 1, 2013 and concluding on February 28, 2018.

Application Due Date: September 21, 2012

Programmatic Assistance:
Additional information related to the overall program issues or technical assistance may be obtained by contacting:

Madhavi M. Reddy, MSPH
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18A-55
Rockville, MD 20857
Telephone: (301) 443-0754; Fax: (301) 443-4842
E-Mail: mreddy@hrsa.gov

Business, Administrative and Fiscal Inquiries:
Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding announcement by contacting:

Djuana Gibson/LaShawna Smith
Grants Management Specialists
Government & Special Focus Branch
Division of Grants Management Operations/HRSA
5600 Fishers Lane, Room 11A-02
Rockville, MD 20857

Telephone: (301) 443-3243/4241; Fax: (301) 594-4073
E-mail: dgibson@hrsa.gov, lsmith3@hrsa.gov

Table of Contents

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for Fiscal Year (FY) 2013 for the **Healthy Tomorrows Partnership for Children Program (HTPCP)** program. The purpose of HTPC is to increase the number of innovative community initiated programs that promote access to health care for children, youth and their families nationwide, and employ preventive health strategies. This program most closely supports HRSA's goals to improve access to quality health care and services, to build healthy communities, and to improve health equity. HTPC funding supports direct service projects, not research projects.

It is anticipated that HTPC grants will be awarded to approximately eight (8) recipients. The intent of HTPC grants are: 1) to support the development of family-centered, community-based initiatives that plan and implement innovative and cost-effective approaches for focusing resources to promote community defined preventive child health and developmental objectives for vulnerable children and their families, especially those with limited access to quality health services; 2) foster/promote collaboration among community organizations, individuals, agencies, businesses, and families; 3) involve pediatricians and other pediatric health professionals in community-based service programs; and 4) build community and statewide partnerships among professionals in health, education, social services, government, and business to achieve self-sustaining programs. HTPC encourages the use of innovative health information technology to increase access to a wide variety of stakeholders in communities.

This community based program brings innovative services to communities as determined by local needs assessments. In FY 2010, projects served 2,990 pregnant women, 15,975 infants, children and youth, 3,424 infants, children and youth with special health care needs, and 1,415 women (not pregnant). In terms of race/ethnicity, 55.6% of individuals served were Hispanic/Latino; 33.6% were not Hispanic/Latino while 40.0% of individuals served were White; 18.1% were Black/African-American; 4.8% were More than One Race; 2.0% were Asian; 0.30% were Native Hawaiian/Pacific Islander; and 0.30% were American Indian/Alaska Native. In FY 2011, 44 HTPC grantees indicated that 32.3% of funds went into direct health care services, 34.7% into enabling services, 25.6% into population-based services and 7.4% into infrastructure building services (Data from the MCHB Discretionary Grants Information System, 2010).

MCHB encourages organizations to develop proposals that incorporate and build upon the goals, objectives, guidelines and materials of the **Bright Futures for Infants, Children and Adolescents** initiative to improve the quality of health promotion and preventive services in the context of family and community. Complete information about the Bright Futures initiative and downloadable versions of the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition* and other Bright Futures materials, can be found at http://www.brightfutures.aap.org .

2. Background

Maternal and Child Health Bureau and Title V of the Social Security Act: In 1935, Congress enacted Title V of the Social Security Act, authorizing the Maternal and Child Health Services Programs. This legislation has provided a foundation and structure for assuring the health of mothers and children in our nation for more than 65 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

Today, Title V is administered by the Maternal and Child Health Bureau (MCHB), which is a part of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components – Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS), and Community Integrated Service Systems (CISS) grants. Using these authorities, the MCHB has forged partnerships with States, the academic community, health professionals, advocates, communities and families to better serve the needs of our nation's children.

The mission of MCHB is to provide national leadership and to work, in partnership with States, communities, public-private partners, and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability of medical homes, and build the knowledge and human resources, in order to assure continued improvement in the health, safety, and well-being of the MCH population. The MCH population includes all America's women, infants, children, youth and their families, including fathers and children with special health care needs (CSHCN).

The Healthy Tomorrows Partnership for Children Program (HTPCP):
The Healthy Tomorrows Partnership for Children Program (HTPCP) is a collaborative partnership between the Maternal and Child Health Bureau (MCHB) and the American Academy of Pediatrics (AAP). In keeping with its commitment to attain optimal physical, mental, social and emotional health for all children and their families, the AAP has joined with the MCHB to strengthen efforts to prevent disease, promote health and assure access to health care for this Nation's children and their families. The initiative utilizes the AAP's network of pediatricians and other health professionals, including 59 chapters and more than 55,000 child health experts in the United States.

The HTPCP grant program has been developed to support special projects that demonstrate how States, local agencies, organizations, businesses, families, and communities can work together to improve the health status of children, youth, and their families. In some instances, the improvement in health status may be achieved through creative modifications in the health care system. By focusing upon the importance of prevention and the benefits of pediatric care, local and corporate leaders and governments, working as partners within their communities, will be able to develop creative approaches for improving the health of children, youth, and families in their communities. HTPCP funding supports **direct service** projects, **not** research projects. HTPCP applications **MUST** represent either a **new** initiative (i.e., project that was not previously in existence) within the community or an innovative **new component** that builds upon an existing community-based program or initiative.

The HTPCP is an initiative to stimulate innovative children's health care efforts designed to prevent disease and disability and promote health and access to health services in local communities across America. The HTPCP will assist children, youth, and their families to achieve their developmental potentials through a community-based partnership of pediatric resources and community leadership. This partnership will promote efforts to meet the health and developmental needs of pregnant women, infants, children, and youth and children with special health care needs and their families. This initiative is designed to improve access to health care for the nation's medically needy children, while improving the quality and reducing the overall long-term costs of health care in America through health promotion, prevention and early intervention.

Additional information about HTPCP can be found at the web site:
http://www2.aap.org/commpeds/htpcp/default.htm.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding for Federal fiscal years 2013-2017. Approximately $377,021 is expected to be available annually to fund eight (8) grantees. Applicants may apply for a ceiling amount of up to $47,127 per year. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for HTPCP in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal government.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3 (a), any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for Federal funding under this announcement. An eligible applicant must have both direct fiduciary and administrative responsibility over the project.

2. Cost Sharing/Matching

Grant recipients of Healthy Tomorrows Partnership for Children Program **must contribute non-Federal matching funds in years 2 through 5 of the project period equal to two times the amount of the Federal Grant Award** (i.e., if the Federal grant award is for $50,000, then the

matching requirement is $100,000, which can include in-kind contributions) or such lesser amount determined by the Secretary for good cause shown. The cost sharing match requirement is described in detail in the *Federal Register, Vol. 72, No. 15, 3079-80.* Effective January 24, 2007, 42 CFR part 51a.8 was amended to add a paragraph detailing the final rule on the match requirement. 42 CFR part 51a.8 refers to Title 42 (Public Health) of the Code of Federal Regulations on Projects Grants for Maternal and Child Health, specifically conditions that apply to these grants. Reimbursement for services provided to an individual under a State plan under Title XIX **(State Medicaid program)** will not be deemed "non-Federal matching funds" for the purposes of this provision.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in ***Section IV.3*** will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are allowable.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information
HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants ***must*** submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from **DGPWaivers@hrsa.gov**, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the "Rejected with Errors" notification as received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

IMPORTANT NOTICE: CCR moved to SAM
Effective July 30, 2012

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

For any registrations in process during the transition period, the data that has been submitted to CCR will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant received an e-mail notification from CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the new expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active SAM registration is a pre-requisite to the successful submission of grant applications!

Items to consider are:

- When does the account expire?
- Does the origination need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about the switch from CCR to SAM, more information is available at https://www.bpn.gov/ccr/NewsDetail.aspx?id=2012&type=N. To learn more about SAM, please visit https://www.sam.gov.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide,* available online at http://www.hrsa.gov/grants/apply/userguide.pdf. This Guide includes detailed application and submission instructions for both Grants.gov and

HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at http://www.grants.gov/assets/ApplicantUserGuide.pdf. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

1) Downloading from http://www.grants.gov, or

2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *Electronic Submission User Guide* referenced above.**

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format
Applications for funding must consist of the following documents in the following order:

SF-424 Non-Construction – Table of Contents

- It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make the application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 2 of SF-424 - Box 16	As applicable to HRSA; counted in the page limit
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1-2 to support structured budget for the request of Non construction related funds	Not counted in the page limit
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non construction programs	Not counted in the page limit
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with all additional site location(s)	Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit
Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list	Not counted in the page limit
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15	Refer to the attachment table provided below for **specific** sequence. Counted in the page limit

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that a table of contents cover page is included specific to the attachment. The Table of Contents page will not be counted in the page limit.
- Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Attachments will be rejected by Grants.gov if special characters are included or attachment names exceed 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Organizational: a. Position Descriptions for all Project Staff b. Biographical Sketches of Key Personnel
Attachment 2	Project Organizational Chart
Attachment 3	Advisory Board/Coalition a. Membership Roster with members title and organizational affiliation
Attachment 4	Other Relevant Forms not specified elsewhere in the Table of Contents

Application Format

i. ***Application Face Page***

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. "Name and contact information of person to be contacted on matters involving this application." If, for any reason, the Project Director will be out of the office, please ensure the email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.110.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webformor call 1-866-705-5711. Please include the DUNS number in form SF-424 - item 8c on the application face page. Applications ***will not*** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with the SAM can be found at https://www.sam.gov. Please see Section IV of this funding opportunity announcement for **SAM registration requirements.-**

ii. ***Table of Contents***

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. ***Budget***

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 4 to provide the budget amounts for the first four years of the project. Please enter the amounts in the "New or Revised Budget" column- not the "Estimated Unobligated Funds" column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through

(4) for subsequent budget years. If applicable for year 5, please submit a copy of Sections A and B of the SF-424A as Attachment 4.

Salary Limitation:
The Consolidated Appropriations Act, 2012 (P.L. 112-74), enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is $179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is $350,000 per year plus fringe benefits of 25% ($87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to $179,700 plus fringe of 25% ($44,925) and a total of $112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's *actual* base full time salary: $350,000 50% of time will be devoted to project	
Direct salary	$175,000
Fringe (25% of salary)	$43,750
Total	$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual's base full time salary *adjusted* to Executive Level II: $179,700 50% of time will be devoted to the project	
Direct salary	**$89,850**
Fringe (25% of salary)	**$22,462.50**
Total amount	**$112,312.50**

iv. ***Budget Justification***

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be up to five (5) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or $179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	$179,700*	$89,850
R. Doe	Nurse Practitioner	100	$75,950	$75,950
D. Jones	Data/AP Specialist	25	$33,000	$8,250

*Actual annual salary = $350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed training or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of $5000 and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the

like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: http://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. The indirect cost rate agreement will not count toward the page limit.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 1. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 1. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

vi. *Assurances*

Complete the SF-424B Assurances – Non-Construction Programs provided with the application package.

vii. *Certifications*

Complete the Certifications and Disclosure of Lobbying Activities form provided with the application package.

viii. *Project Abstract*

Provide a summary of the application. Because the abstract may be distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application.

The project abstract must be single-spaced and limited to one page in length.

Annotation**:** A three to five sentence summary of the project that identifies the project's purpose, needs and problems addressed, the goals and objectives of the project, the educational programs and activities for attaining the goals, and evaluation.

Abstract Content:
PROBLEM: State the principal needs and problems which are addressed by the project.

GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

METHODOLOGY: Describe the programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section - describes the activities which have been proposed or are being implemented to achieve the stated objectives. -

EVALUATION: Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the project in attaining goals and objectives. -

KEY WORDS: Key words are the terms by which the project will be indexed. Select a maximum of eight significant terms that best describe the project, including populations served.

The abstract will be utilized extensively by reviewers. It is essential, therefore, that the abstract reflect the most critical points of the application.

ix. *Project Narrative*

The project narrative may not exceed 30 pages. The page limit includes any referenced charts or figures but does not include the project abstract (separate page limit is given above), the budget justification, tables, or appendices. Only double-spaced, one-sided pages are acceptable.

Applications that exceed the maximum number of pages specified will not be accepted for review and will be returned to the applicant.

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- ***INTRODUCTION***
  This section should briefly describe the purpose of the proposed project.

- ***NEEDS ASSESSMENT***
  This section should provide a clear description of the current status, capacity and needs of the disparate population(s) living in the proposed project area. Please include and/or describe the following in the needs assessment section:

  A. Problem and associated contributing factors to the identified problem.
  B. Clear and succinct description of the need(s) of the community and targeted population to be served in the proposed project. An HTPCP project under this competition may focus its efforts and interventions on a particular subpopulation of the community that exhibits unmet health needs and disparities in its maternal and child health. Include socio-cultural determinants of health and health disparities impacting the population or communities served and are unmet.
  C. Adequate description of the cultural and linguistic needs of the proposed target population(s) for the project, if applicable. If not applicable, please explain.
  D. Other relevant data that justifies a strong need for the interventions/activities proposed in your application. Please provide a reference for all data sources. Demographic data should be used and cited whenever possible to support the information provided.

- ***METHODOLOGY***
  Propose methods that will be used to meet each of the program requirements and expectations in this grant announcement. Please include and/or describe the following within this section:

  A. Describe how the proposed project represents either a new initiative, or a new component that will build upon, expand, and enhance an existing initiative, to address the identified need(s) of the target population. Applications must clearly explain that the proposed intervention is new (i.e., program that has never existed) or a new component of an existing activity (i.e., expanding services by adding a new component, for example, the addition of a dietician who will implement an obesity program at a school health clinic). **Note**: Healthy Tomorrows grant funds must be used for direct services; applications

that propose to conduct research will be returned and not be considered for further review.

B. Clearly identify project goals and objectives that are responsive to the identified needs of the target population, and consistent with the purpose and requirements of the Healthy Tomorrows program. Objectives should be **time-framed and measurable.**

C. Provide a clear description of the proposed service intervention(s) and other proposed project activities. Proposed project activities should be clearly linked to project goals and objectives and should be feasible and reasonably expected to lead to achievement of those goals and objectives within the project period. Development of effective tools and strategies for ongoing staff training, continuing education for community-based MCH health professionals, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds should be discussed, if applicable. In terms of information sharing/dissemination, applicants should address the feasibility and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable.

D. Applicants **must** discuss how they will develop, and/or maintain collaborative relationships between the proposed project, the State Title V MCH Program, and the AAP State Chapter to further the goals and objectives of the project. Applicants can locate information on how to contact their State Title V MCH Program by going to the following website: https://perf-data.hrsa.gov/MCHB/TVISReports/ContactInfo/StateContactSearch.aspx. Additionally, applicants may contact Maureen Finneran, American Academy of Pediatrics, at 1-800-433-9016 ext. 7082 or mfinneran@aap.org, in order to obtain information on how to contact state and/or local representatives of the AAP, or for other technical assistance related to Healthy Tomorrows. Additional information about the Healthy Tomorrows program can be found at the web site: http://www2.aap.org/commpeds/htpcp/.

E. Plan for Pediatrician Involvement. An important objective of the Healthy Tomorrows program is to involve pediatricians in community-based service programs. The applicant **must** discuss how pediatricians will be substantively involved in the proposed project. Pediatricians are involved in Healthy Tomorrows projects in many capacities encompassing the planning, implementation and evaluation of the project. Some projects have pediatricians as project directors, while others serve as advisors or providers of services.

Healthy Tomorrows projects often are the community based training sites for pediatric residents, and, on occasion, medical students and graduate level students in nursing, social work, nutrition, and public health who are interested in community pediatrics/community health. Projects proposing to

host short term rotations of pediatric residents, medical students, and/or graduate level students should indicate how these residents and/or students will be involved in the project and approximately how many will complete these rotations each year of the five year project period. Residents and students often provide direct services, under the supervision of project staff, in pediatric continuity clinics and home visits. Graduate students in public health often provide critical assistance in data collection and evaluation activities.

The following are some examples of pediatrician involvement in Healthy Tomorrows projects:

- In a rural area project, the AAP invited local pediatricians to meet with project staff to determine how best to help the project. When local pediatricians indicated they were unable to accept new patients, project staff created a list of high-risk pediatric patients and asked each pediatrician to choose one patient for provision of care;
- A project needed a local community pediatrician to serve as the primary care medical home for their project patients. They identified a pediatrician with an interest in the project's health topic area (mental health) by contacting their local AAP Chapter. Connecting with the AAP chapter paved the way for the project to be featured in the statewide chapter newsletter and at a chapter meeting;
- A project asked each pediatrician to volunteer his or her services for 1 evening a week. The clinic was then able to provide care for an additional 15 patients per week, and each pediatrician only had to volunteer 1 evening every 2 months;
- A Healthy Tomorrows project led by a partnership between a nurse practitioner and a pediatrician worked to encourage all pediatricians in their community to screen for oral health issues during primary care visits. Working with the local AAP Chapter they identified all the pediatric practices and did targeted outreach to educate and train pediatricians and office staff to do oral health screenings; and
- Pediatrician involvement can also be defined as their involvement on the project Advisory Board.
- **If pediatricians are not available in your community, and therefore unable to be involved in the project, please explain these extenuating circumstances to determine if the participation of other pediatric health professionals is sufficient to meet this requirement.**

F. Project Advisory Board. The applicant **must** discuss its plans for an Advisory Board to oversee the HTPCP project. HTPCP projects must have a community-based Advisory Board for the life of the project. The Advisory Board should include key individuals and representatives of organizations and institutions relevant to the success of the project and of the community served by the project. Healthy Tomorrows grantees are strongly encouraged to include on their project advisory boards parents of children who receive services through the project and other representatives of the target population

served by the projects. The HTPCP grantee **must** establish and maintain an advisory board specific to the HTPCP grant; alternatively, the grantee may utilize an existing board as the project advisory board if it meets the criteria discussed above.

This Advisory Board is expected to: contribute to the development of the application; provide advice and oversight regarding program direction; participate in discussions related to allocation and management of project resources; have in place conflict of interest policies governing all activities; and share responsibility for the identification and maximization of resources and community ownership to sustain project services beyond the project period of Federal funding. For more resources on establishing and maintaining a sound Advisory Board, please visit http://www2.aap.org/commpeds/htpcp/PDF/Proposal_Development_Guide.pdf.

The Advisory Board should include representation that reflects a partnership of families, consumers, local pediatric provider community, community organizations and groups, both public and private, with a working interest, skills, or resources that can be brought to bear on the problem outlined by the proposed project. The individual members should have sensitivity to and an understanding of the needs of the project area. The members should feel they have a significant advisory role and commitment to the plan for project implementation. This can be facilitated through the participation of families, consumers, community leaders, and service provider representatives in developing the application. Those members selected to represent an agency or group should have the authority to make decisions for the entity they represent.

Delineate the anticipated role(s) the Advisory Board will play in implementation of this HTPCP project. Discuss activities they will implement that are specifically related to the proposed project, including the frequency of meetings, public forums, and training/conferences.

In **Attachment 3** of the application, describe the membership of the Advisory Board, providing a complete list of members and the agencies/organizations they represent. If membership roster is not available, please explain.

G. Discuss plans for securing resources to fulfill the program matching requirement in Years 2 through 5 of the project period. The match requirement has encouraged grantees to form effective partnerships with State Title V, foundations, school systems, universities, and local businesses.

H. If applicable, discuss how the proposed project will address the goals and objectives of the **Bright Futures for Infants, Children and Adolescents** initiative and incorporate the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition* and other Bright Futures materials. Bright Futures materials can be accessed at http://brightfutures.aap.org.

- ***WORK PLAN***

  Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

- ***RESOLUTION OF CHALLENGES***

  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***

  Applicants must devise a method to monitor and evaluate the project results. Evaluative measures must be able to assess 1) to what extent the program objectives have been met and 2) to what extent these can be attributed to the project. Provide an evaluation plan for the proposed project that is clearly related to the identified needs, goals and objectives, and proposed project activities. Once goals have been defined, develop a logic model to articulate the target, content and intended impact of the project. A logic model illustrates the steps that connect resources to intended results. A standard logic model contains five pieces of information including the target population for the project, resources allocated to the project (inputs), services provided by the project (activities), expected outputs, and expected outcomes. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.

  The measurements of progress toward goals should, at a minimum, include some process measures and may include outcome measures**.** Process evaluation is a type of evaluation that examines what goes on while a program is in progress. It assesses what the program is and how it is being implemented or carried out. Outcome evaluation is a type of evaluation that attempts to determine a program's results. Outcome evaluation is often used to determine the extent to which a program achieves its outcome-oriented objectives.

- ***ORGANIZATIONAL INFORMATION***

  Provide information on the applicant organization's current mission and structure, its history, past experiences, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide an organizational chart in **Attachment 2** of the organization or agency, including how the

administration and the fiscal management of the proposed project will be integrated into the current administration. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

Applicant organizations are expected to have sound systems, policies, and procedures in place for managing funds, equipment, and personnel to receive grant support. Applicants who propose subcontracting these administrative or fiduciary responsibilities for the project **will not** be approved for funding. All successful applicants must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party.

Describe the staffing plan (excluding contractor's staff) which identifies positions that will provide personnel for essential programmatic, fiscal and evaluation activities. Key personnel should have adequate qualifications, appropriate experience and allocated time (% FTE) to fulfill their proposed responsibilities. Position descriptions of Key Personnel for the project should be placed in **Attachment 1**. Biographical sketches and curriculum vitae of Key Personnel for the project should be placed in **Attachment 1**.

Describe your history of management and oversight involving other grant or contractual funds. If deficiencies have been noted in the most recent internal/external audit, review or reports on the applicant organization's financial management system and management capacity or its implementation of these systems, policies and procedures, identify the corrective action taken to remedy the deficiencies**.**

x. ***Program Specific Forms***

HTPCP applicants, if funded, must complete the Program Specific Forms listed below within 120 days of receipt of the Notice of Award. Do **not** complete the Performance Measures and Financial and Demographic Forms with this submission.

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are

primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

*2) Performance Measures for the **Healthy Tomorrows Partnership for Children** and Submission of Administrative Data*

To prepare applicants for reporting requirements, administrative data collection requirements are presented in the appendix of this guidance.

xi. ***Attachments***

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled**.

Attachment 1: Organizational

a. Position Descriptions for all Project Staff
b. Biographical Sketches of Key Personnel

Attachment 2: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 3: Advisory Board (i.e. Membership Roster)

Attachment 4: Other Relevant Documents
Include here any other documents that are relevant to the application, including letters of support from partners participating in the implementation of the project. Applicants for HTPCP grants are **strongly encouraged** to include letters of support from their State Title V MCH program and from their State AAP Chapter

Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated. List all other support letters on one page.

3. Submission Dates and Times

Application Due Date
The due date for applications under this grant announcement is ***September 21, 2012*** *at 11:59 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by the organization's Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages to document the progress of an application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes), or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:
Applications which do not meet the criteria above are considered late and will not be considered in the current competition.

4. Intergovernmental Review

The Healthy Tomorrows Partnership for Children Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of five (5) years, at no more than $47,127 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

Salary Limitation: The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is $179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body,

except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are ***required*** to submit ***electronically*** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at http://www.grants.gov. When using Grants.gov applicants will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that organizations ***immediately register*** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with the System for Award Management (SAM)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-

4726.Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, an organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once, prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the Grants.gov application due date as the final and only acceptable application.

Tracking an application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at **https://apply07.grants.gov/apply/checkApplStatus.faces**. Be sure the application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The Healthy Tomorrows Partnership for Children Program (HTPCP) has six (6) review criteria:

Criterion 1. Need	10 points
Criterion 2. Response	40 points
Criterion 3. Evaluative Measures	10 points
Criterion 4. Impact	10 points
Criterion 5. Resources/Capabilities	15 points
Criterion 6. Support Requested	15 points
Total	100 points

Criterion 1: NEED (10 points)

A. The extent to which the application demonstrates a comprehensive understanding of the problem and associated contributing factors to the problem.

B. The extent to which the demonstrated need(s) of the targeted population to be served are adequately described and supported in the needs assessment.

C. The extent to which cultural and linguistic needs of the proposed target population are adequately described.

D. The extent to which relevant data, with appropriate references, documents/justifies a need for the proposed intervention and is included in the needs assessment.

Criterion 2: RESPONSE (40 points)

A. The extent to which the application adequately describes an innovative new community-based initiative, or a new component that will build upon, expand, and enhance an existing initiative, that employs prevention strategies and promotes access to health care for infants, children and/or youth and their families.

B. The strength of the proposed goals and objectives and their relationship to the identified need.

C. The extent to which objectives are time-framed, measurable, and consistent with the purpose and requirements of the proposed project.

D. The extent to which the proposed service intervention(s) and other proposed project activities are clearly described, are capable of addressing the problem, are clearly linked to project goals and objectives, are feasible and can be reasonably be expected to lead to achievement of the goals and objectives within the project period.

E. The extent to which the applicant demonstrates the ability to collaborate with the State Title V MCH Program and the State AAP Chapter to achieve the goals and objectives of the project (e.g., the inclusion of letters of support from the State Title V MCH Program and the State AAP Chapter).

F. The extent to which pediatricians and other pediatric health professionals are substantively involved in the community-based project being proposed.

G. The extent to which the makeup of the Advisory Board and its role in the implementation of the proposed project plan are adequately described, including the extent to which the Advisory Board includes, or plans to include, appropriate representation of project consumers, providers, representatives from the local pediatric provider community, and other key stakeholders.

Criterion 3: EVALUATIVE MEASURES (10 points)

A. The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met and 2) to what extent these can be attributed to the project.

Criterion 4: IMPACT (10 points)

A. The feasibility and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable.

B. The extent to which clear plans for meeting the budget matching requirement in Years 2 through 5 of the project.

Criterion 5: RESOURCES/CAPABILITIES (15 points)

A. The extent to which the project personnel are qualified by training and/or experience to implement and carry out the projects. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
B. The extent to which the project demonstrates collaboration with key stakeholders in all activities. The extent to which contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

C. The quality of approaches proposed to be used to resolve challenges that are likely to be encountered during the project.

Criterion 6: SUPPORT REQUESTED (15 points)

A. The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the activities, and the anticipated results.

B. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

C. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of

interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of March 1, 2013.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The NoA sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of March 1, 2013.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/hhsgrantspolicy.pdf. The

general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

Non-Discrimination Requirements
To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/ocr/civilrights/understanding/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

Trafficking in Persons
Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html.

Smoke-Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence
HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. Additional cultural

competency and health literacy tools, resources and definitions are available online at http://www.hrsa.gov/culturalcompetence and http://www.hrsa.gov/healthliteracy.

Healthy People 2020
Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at http://www.healthypeople.gov/.

National HIV/AIDS Strategy (NHAS)
The National HIV/AIDS Strategy (NHAS) has three primary goals: (1) reducing the number of people who become infected with HIV; (2) increasing access to care and optimizing health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see http://www.aidsinfo.nih.gov/Guidelines/Default.aspx as a reliable source for current guidelines). More information can also be found at http://www.whitehouse.gov/administration/eop/onap/nhas.

Health IT
Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:
- Health Information Technology (HHS)
- What is Health Care Quality and Who Decides? (AHRQ)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. **Audit Requirements**
Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. **Payment Management Requirements**
Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to http://www.dpm.psc.govfor additional information.

c. **Status Reports**
1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required according to the following schedule: http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

2) **Progress Report(s)**. The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of grantee Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the NoA.

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

4) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of $5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may

be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA

d. Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

1. Performance Measures and Program Data

To prepare applicants for these reporting requirements, the designated performance measures for this program and other program data collection are presented in the appendices of this guidance.

2. Performance Reporting

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NOA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear in the appendices of this guidance. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. Grantees will be required, within 120 days of the NOA, to enter HRSA's EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

3. Project Period End Performance Reporting

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear in the appendices of this guidance. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

e. Transparency Act Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency

Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the NoA.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Djuana Gibson/LaShawna Smith
Grants Management Specialists
Government & Special Focus Branch
Division of Grants Management Operations/HRSA
5600 Fishers Lane, Room 11A-02
Rockville, MD 20857
Telephone: (301) 443-3243/4241
Fax: (301) 594-4073
E-mail: dgibson@hrsa.gov, lsmith3@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Madhavi M. Reddy, MSPH
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18A-55
Rockville, MD 20857
Telephone: (301) 443-0754
Fax: (301) 443-4842
E-Mail: mreddy@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: http://grants.gov/iportal

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with

submitting the remaining information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other information

Sustainability
Successful applicants/awardees are urged to consider sustainability at the beginning of their projects. Please view the Sustainability Tip Sheet created by the AAP for ideas on how to sustain projects beyond the HTPCP funding period, http://www2.aap.org/commpeds/htpcp/Sustainabililty_Tip_Sheet.pdf.

IX. Tips for Writing a Strong Application

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: http://www.hrsa.gov/grants/apply/index.html.
In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: http://www.hhs.gov/asrt/og/grantinformation/apptips.html.

Appendix A: MCHB Administrative Forms and Performance Measures

The following Administrative Forms and Performance Measures are assigned to this MCHB program.

- Form 1,MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services
- Form 5, Number of Individuals Served (Unduplicated) by Type of Individual and Source of Primary Insurance Coverage
- Form 6, Maternal & Child Health Discretionary Grant Project Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 07, The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities
- Performance Measure 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training
- Performance Measure 33, The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding
- Products, Publications and Submissions Data Form

FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

1.	**MCHB GRANT AWARD AMOUNT**		$
2.	**UNOBLIGATED BALANCE**		$
3.	**MATCHING FUNDS**		$
	(Required: Yes [ ] No [ ] If yes, amount)		
	A. Local funds	$	
	B. State funds	$	
	C. Program Income	$	
	D. Applicant/Grantee Funds	$	
	E. Other funds: _____	$	
4.	**OTHER PROJECT FUNDS** (Not included in 3 above)		$
	A. Local funds	$	
	B. State funds	$	
	C. Program Income (Clinical or Other)	$	
	D. Applicant/Grantee Funds (includes in-kind)	$	
	E. Other funds (including private sector, e.g., Foundations)	$	
5.	**TOTAL PROJECT FUNDS** (Total lines 1 through 4)		$
6.	**FEDERAL COLLABORATIVE FUNDS**		$
	(Source(s) of additional Federal funds contributing to the project)		
	A. Other MCHB Funds (Do not repeat grant funds from Line 1)		
	1) Special Projects of Regional and National Significance (SPRANS)	$	
	2) Community Integrated Service Systems (CISS)	$	
	3) State Systems Development Initiative (SSDI)	$	
	4) Healthy Start	$	
	5) Emergency Medical Services for Children (EMSC)	$	
	6) Traumatic Brain Injury	$	
	7) State Title V Block Grant	$	
	8) Other: _____	$	
	9) Other: _____	$	
	10) Other: _____	$	
	B. Other HRSA Funds		
	1) HIV/AIDS	$	
	2) Primary Care	$	
	3) Health Professions	$	
	4) Other: _____	$	
	5) Other: _____	$	
	6) Other: _____	$	
	C. Other Federal Funds		
	1) Center for Medicare and Medicaid Services (CMS)	$	
	2) Supplemental Security Income (SSI)	$	
	3) Agriculture (WIC/other)	$	
	4) Administration for Children and Families (ACF)	$	
	5) Centers for Disease Control and Prevention (CDC)	$	
	6) Substance Abuse and Mental Health Services Administration (SAMHSA)	$	
	7) National Institutes of Health (NIH)	$	
	8) Education	$	
	9) Bioterrorism		
	10) Other: _____	$	
	11) Other: _____	$	
	12) Other _____	$	
7.	**TOTAL COLLABORATIVE FEDERAL FUNDS**	$	

INSTRUCTIONS FOR COMPLETION OF FORM 1
MCH BUDGET DETAILS FOR FY ____

Line 1. Enter the amount of the Federal MCHB grant award for this project.

Line 2. Enter the amount of carryover (e.g., unobligated balance) from the previous year's award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.

Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.

Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.

Line 5. Displays the sum of lines 1 through 4.

Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.

Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.

If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .

Line 7. Displays the sum of lines in 6A.1 through 6C.12.

FORM 2
PROJECT FUNDING PROFILE

	FY ____		FY ____		FY ____		FY ____		FY ____	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
1 MCHB Grant AwardAmount *Line 1, Form 2*	$	$	$	$	$	$	$	$	$	$
2 Unobligated Balance *Line 2, Form 2*	$	$	$	$	$	$	$	$	$	$
3 Matching Funds (If required) *Line 3, Form 2*	$	$	$	$	$	$	$	$	$	$
4 Other Project Funds *Line 4, Form 2*	$	$	$	$	$	$	$	$	$	$
5 TotalProject Funds *Line 5, Form 2*	$	$	$	$	$	$	$	$	$	$
6 Total Federal Collaborative Funds *Line 7, Form 2*	$	$	$	$	$	$	$	$	$	$

INSTRUCTIONS FOR THE COMPLETION OF FORM 2
PROJECT FUNDING PROFILE

Instructions:

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Grant Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

FORM 4
PROJECT BUDGET AND EXPENDITURES
By Types of Services

	TYPES OF SERVICES	FY _____ Budgeted	FY _____ Expended	FY _____ Budgeted	FY _____ Expended
I.	**Direct Health Care Services** (Basic Health Services and Health Services for CSHCN.)	$	$	$	$
II.	**Enabling Services** (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	$	$	$	$
III.	**Population-Based Services** (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	$	$	$	$
IV.	**Infrastructure Building Services** (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	$	$	$	$
V.	**TOTAL**	$	$	$	$

INSTRUCTIONS FOR THE COMPLETION OF FORM 4
PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Complete all required data cells for all years of the g rant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, II or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and II are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III Population-Based Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Population Based Services are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Line IV Infrastructure Building Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Infrastructure Building Services are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V Total – Displays the total amounts for each column, budgeted for each year and expended for each year completed.

FORM 5
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)
By Type of Individual and Source of Primary Insurance Coverage
For Projects Providing Direct Health Care, Enabling or Population-based Services

Reporting Year_____

Table 1

Pregnant Women Served	(a) **Number Served**	(b) **Total Served**	(c) **Title XIX %**	(d) **Title XXI %**	(e) **Private/ Other %**	(f) **None %**	(g) **Unknown %**
Pregnant Women (All Ages)							
10-14							
15-19							
20-24							
25-34							
35-44							
45 +							

Table 2

Infants, Children and Youth Served	(a) **Number Served**	(b) **Total Served**	(c) **Title XIX %**	(d) **Title XXI %**	(e) **Private/ Other %**	(f) **None %**	(g) **Unknown %**
Infants <1							
Children and Youth 1 to 25 years							
12-24 months							
25 months-4 years							
5-9							
10-14							
15-19							
20-24							

Table 3

CSHCN Infants, Children and Youth Served	(a) **Number Served**	(b) **Total Served**	(c) **Title XIX %**	(d) **Title XXI %**	(e) **Private/ Other %**	(f) **None %**	(g) **Unknown %**
Infants <1 yr							
Children and Youth 1 to 25 years							
12-24 months							
25 months-4 years							
5-9							
10-14							

15-19							
20-24							

Table 4

Women Served	(a) **Number Served**	(b) **Total Served**	(c) **Title XIX %**	(d) **Title XXI %**	(e) **Private/ Other %**	(f) **None %**	**Unknown %** (g)
Women 25+							
25-29							
30-34							
35-44							
45-54							
55-64							
65+							

Table 5

Other	(a) **Number Served**	(b) **Total Served**	(c) **Title XIX %**	(d) **Title XXI %**	(e) **Private/ Other %**	(f) **None %**	**Unknown %** (g)
Men 25+							

TOTAL SERVED: _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 5

NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)
By Type of Individual and Source of Primary Insurance Coverage
For Projects Providing Direct Health Care, Enabling or Population-based Services

Enter data into all required (unshaded) data cells. If an actual number is not available, make an estimate. Please explain all estimates, in a note.

Note that ages are expressed as either x to y, (i.e., 1 to 25, meaning from age 1 up to age 25, but not including 25) or x – y (i.e., 1 – 4 meaning age 1 through age 4). Also, symbols are used to indicate directions. For example, <1 means less than 1, or from birth up to, but not including age 1. On the other hand, 45+ means age 45 and over.

1. At the top of the Form, the Line Reporting Year displays the year for which the data applies.

2. In Column (a), enter the unduplicated count of individuals who received a direct service from the project regardless of the primary source of insurance coverage. These services would generally be included in the top three levels of the MCH pyramid (the fourth, or base level, would generally not contain direct services) and would include individuals served by total dollars reported on Form 3, Line 5.

3. In Column (b), the total number of the individuals served is summed from Column (a).

4. In the remaining columns, report the percentage of those individuals receiving direct health care, enabling or population-based services, who have as their primary source of coverage:
   Column (c): Title XIX (includes Medicaid expansion under Title XXI)
   Column (d): Title XXI
   Column (e): Private or other coverage
   Column (f): None
   Column (g): Unknown

   These may be estimates. If individuals are covered by more than one source of insurance, they should be listed under the column of their primary source.

FORM 6
MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY____

PROJECT:_____

I. PROJECT IDENTIFIER INFORMATION

1. Project Title:
2. Project Number:
3. E-mail address:

II. BUDGET

1. MCHB Grant Award (Line 1, Form 2) $_____
2. Unobligated Balance (Line 2, Form 2) $_____
3. Matching Funds (if applicable) (Line 3, Form 2) $_____
4. Other Project Funds (Line 4, Form 2) $_____
5. Total Project Funds (Line 5, Form 2) $_____

III. TYPE(S) OF SERVICE PROVIDED (Choose all that apply)

[ ] Direct Health Care Services
[ ] Enabling Services
[ ] Population-Based Services
[ ] Infrastructure Building Services

IV. PROJECT DESCRIPTION OR EXPERIENCE TO DATE

A. Project Description

1. Problem (in 50 words, maximum):

2. Goals and Objectives: (List up to 5 major goals and time-framed objectives per goal for the project)

Goal 1:
Objective 1:
Objective 2:
Goal 2:
Objective 1:
Objective 2:
Goal 3:
Objective 1:
Objective 2:

Goal 4:
Objective 1:
Objective 2:
Goal 5:
Objective 1:
Objective 2:

3. Activities planned to meet project goals

4. Specify the primary *Healthy People 2010* objectives(s) (up to three) which this project addresses:

a.

b.

c.

5. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)

6. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met)

B. Continuing Grants ONLY

1. Experience to Date (For continuing projects ONLY):

2. Website URL and annual number of hits

V. KEY WORDS

VI. ANNOTATION

INSTRUCTIONS FOR THE COMPLETION OF FORM 6
PROJECT ABSTRACT

NOTE: All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information

Project Title: Displays the title for the project.
Project Number: Displays the number assigned to the project (e.g., the grant number)
E-mail address: Displays the electronic mail address of the project director

Section II – Budget - These figures will be transferred from Form 1, Lines 1 through 5.

Section III - Types of Services

Indicate which type(s) of services your project provides, checking all that apply.

Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)

A. New Projects only are to complete the following items:
1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
2. Provide up to 5 goals of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and "services or system development for children with special healthcare needs."MCHB will capture annually every project's top goals in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 goals. For each goal, list the two most important objectives. The objective must be specific (i.e., decrease incidence by 10%) and time limited (by 2005).
3. Displays the primary Healthy people 2010 goal(s) that the project addresses.
4. Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its goals and objectives.

B. For continuing projects ONLY:
1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
2. Provide website and number of hits annually, if applicable.

Section V – Key Words

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

Section VI – Annotation

Provide a three- to five-sentence description of your project that identifies the project's purpose, the needs and problems, which are addressed, the goals and objectives of the project, the activities, which will be used to attain the goals, and the materials, which will be developed.

FORM 7
DISCRETIONARY GRANT PROJECT
SUMMARY DATA

1. Project Service Focus

[ ] Urban/Central City [ ] Suburban [ ] Metropolitan Area (city & suburbs)
[ ] Rural [ ] Frontier [ ] Border (US-Mexico)

2. Project Scope

[ ] Local [ ] Multi-county [ ] State-wide
[ ] Regional [ ] National

3. Grantee Organization Type

[ ] State Agency
[ ] Community Government Agency
[ ] School District
[ ] University/Institution Of Higher Learning (Non-Hospital Based)
[ ] Academic Medical Center
[ ] Community-Based Non-Governmental Organization (Health Care)
[ ] Community-Based Non-Governmental Organization (Non-Health Care)
[ ] Professional Membership Organization (Individuals Constitute Its Membership)
[ ] National Organization (Other Organizations Constitute Its Membership)
[ ] National Organization (Non-Membership Based)
[ ] Independent Research/Planning/Policy Organization
[ ] Other _____

4. **Project Infrastructure Focus** (from MCH Pyramid) if applicable

[ ] Guidelines/Standards Development And Maintenance
[ ] Policies And Programs Study And Analysis
[ ] Synthesis Of Data And Information
[ ] Translation Of Data And Information For Different Audiences
[ ] Dissemination Of Information And Resources
[ ] Quality Assurance
[ ] Technical Assistance
[ ] Training
[ ] Systems Development
[ ] Other

5. Demographic Characteristics of Project Participants

Indicate the service level:

☐ **Direct Health Care Services**	☐ **Population-Based Services**
☐ **Enabling Services**	☐ **Infrastructure Building Services**

	RACE (Indicate all that apply)								ETHNICITY			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)												
Infants <1 year												
Children and Youth 1 to 25 years												
CSHCN Infants <1 year												
CSHCN Children and Youth 1 to 25 years												
Women 25+ years												
Men 25+												
TOTALS												

6. Clients' Primary Language(s)

_____
_____
_____

7. Resource/TA and Training Centers ONLY

Answer all that apply.

a. Characteristics of Primary Intended Audience(s)

[ ] Policy Makers/Public Servants
[ ] Consumers
[ ] Providers/Professionals

b. Number of Requests Received/Answered: ___/____

c. Number of Continuing Education credits provided: _____

d. Number of Individuals/Participants Reached: _____

e. Number of Organizations Assisted: _____

f. Major Type of TA or Training Provided:

[ ] continuing education courses,
[ ] workshops,
[ ] on-site assistance,
[ ] distance learning classes
[ ] other

INSTRUCTIONS FOR THE COMPLETION OF FORM 7
PROJECT SUMMARY

Section 1 – Project Service Focus
Select all that apply

Section 2 – Project Scope
Choose the one that best applies to your project.

Section 3 – Grantee Organization Type
Choose the one that best applies to your organization.

Section 4 – Project Infrastructure Focus
If applicable, choose all that apply.

Section 5 – Demographic Characteristics of Project Participants
Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Population Based Services are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Infrastructure Building Services are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the

development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Section 6 – Clients Primary Language(s)
Indicate which languages your clients speak as their primary language, other than English,for the data provided in Section 6. List up to three languages.

Section 7 – Resource/TA and Training Centers (Only)
Answer all that apply.

07 PERFORMANCE MEASURE **Goal 1: Provide National Leadership for MCHB (Promote family participation in care)** **Level: Grantee** **Category: Family/Youth/Consumer Participation**	The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.
GOAL	To increase family/youth/consumer participation in MCHB programs.
MEASURE	The degree to which MCHB-funded programs ensure family/youth/consumer participation in program and policy activities.
DEFINITION	Attached is a checklist of eight elements that demonstrate family participation, including an emphasis on family-professional partnerships and building leadership opportunities for families and consumers in MCHB programs. Please check the degree to which the elements have been implemented.
HEALTHY PEOPLE 2010 OBJECTIVE	Related to Objective 16.23. Increase the proportion of Territories and States that have service systems for Children with Special Health Care Needs to 100 percent.
DATA SOURCE(S) AND ISSUES	Attached data collection form is to be completed by grantees.
SIGNIFICANCE	Over the last decade, policy makers and program administrators have emphasized the central role of families and other consumers as advisors and participants in policy-making activities. In accordance with this philosophy, MCHB is facilitating such partnerships at the local, State and national levels. Family/professional partnerships have been: incorporated into the MCHB Block Grant Application, the MCHB strategic plan. Family/professional partnerships are a requirement in the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) and part of the legislative mandate that health programs supported by Maternal and Child Health Bureau (MCHB) Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.

DATA COLLECTION FORM FOR DETAIL SHEET #07

Using a scale of 0-3, please rate the degree to which the grant program has included families, youth, and consumers into their program and planning activities. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

0	1	2	3	Element
				1. Family members/youth/consumers participate in the planning, implementation and evaluation of the program's activities at all levels, including strategic planning, program planning, materials development, program activities, and performance measure reporting.
				2. Culturally diverse family members/youth/consumers facilitate the program's ability to meet the needs of the populations served.
				3. Family members/youth/consumers are offered training, mentoring, and opportunities to lead advisory committees or task forces.
				4. Family members/youth/consumers who participate in the program are compensated for their time and expenses.
				5. Family members/youth/consumers participate on advisory committees or task forces to guide program activities.
				6. Feedback on policies and programs is obtained from families/youth/consumers through focus groups, feedback surveys, and other mechanisms as part of the project's continuous quality improvement efforts.
				7. Family members/youth/consumers work with their professional partners to provide training (pre-service, in-service and professional development) to MCH/CSHCN staff and providers.
				8. Family /youth/consumers provide their perspective to the program as paid staff or consultants.

0=Not Met
1=Partially Met
2=Mostly Met
3=Completely Met

Total the numbers in the boxes (possible 0-24 score) _____

NOTES/COMMENTS:

10 PERFORMANCE MEASURE **Goal 2: Eliminate Health Barriers & Disparities (Develop and promote health services and systems of care designed to eliminate disparities and barriers across MCH populations)** **Level: Grantee** **Category: Cultural Competence**	The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
GOAL	To increase the number of MCHB-funded programs that have integrated cultural and linguistic competence into their policies, guidelines, contracts and training.
MEASURE	The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
DEFINITION	Attached is a checklist of 15 elements that demonstrate cultural and linguistic competency. Please check the degree to which the elements have been implemented. The answer scale for the entire measure is 0-45. Please keep the completed checklist attached. Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989; sited from DHHS Office of Minority Health--http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=11) Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. (Goode, T. and W. Jones,

2004. National Center for Cultural Competence; http://www.nccccurricula.info/linguisticcompetence.html)

Cultural and linguistic competency is a process that occurs along a developmental continuum. A culturally and linguistically competent program is characterized by elements including the following: written strategies for advancing cultural competence; cultural and linguistic competency policies and practices; cultural and linguistic competence knowledge and skills building efforts; research data on populations served according to racial, ethnic, and linguistic groupings; participation of community and family members of diverse cultures in all aspects of the program; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic competence; and periodic assessment of trainees' progress in developing cultural and linguistic competence.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to the following HP2010 Objectives:

16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

23.9: (Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.

23.11:(Developmental) Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.

23.15: (Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.

DATA SOURCE(S) AND ISSUES

Attached data collection form is to be completed by grantees.
There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, contracts and training.

SIGNIFICANCE

Over the last decade, researchers and policymakers have emphasized the central influence of cultural values and cultural/linguistic barriers: health

seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, cultural competence objectives have been: (1) incorporated into the MCHB strategic plan; and (2) in guidance materials related to the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), which is the legislative mandate that health programs supported by MCHB Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.

DATA COLLECTION FORM FOR DETAIL SHEET #10

Using a scale of 0-3, please rate the degree to which your grant program has incorporated the following cultural/linguistic competence elements into your policies, guidelines, contracts and training.

Please use the space provided for notes to describe activities related to each element, detail data sources and year of data used to develop score, clarify any reasons for score, and or explain the applicability of elements to program.

0	1	2	3	Element
				1. Strategies for advancing cultural and linguistic competency are integrated into your program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).
				2. There are structures, resources, and practices within your program to advance and sustain cultural and linguistic competency.
				3. Cultural and linguistic competence knowledge and skills building are included in training aspects of your program.
				4. Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.
				5. Community and family members from diverse cultural groups are partners in planning your program.
				6. Community and family members from diverse cultural groups are partners in the deliveryof your program.
				7. Community and family members from diverse cultural groups are partners in evaluation of your program.
				8. Staff and faculty reflect cultural and linguistic diversity of the significant populations served.
				9. Staff and faculty participate in professional development activities to promote their cultural and linguistic competence.
				10. A process is in place to assess the progress of your program participants in developing cultural and linguistic competence.

0 = Not Met
1 = Partially Met
2 = Mostly Met
3 = Completely Met

Total the numbers in the boxes (possible 0-30 score) _____

NOTES/COMMENTS*:*

33 PERFORMANCE MEASURE **Goal 4: Improve the Health Infrastructure and Systems of Care (Assist States and communities to plan and develop comprehensive, integrated health service systems)** **Level: Grantee** **Category: Infrastructure**	The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
GOAL	To develop infrastructure that supports comprehensive and integrated systems of care for maternal and child health at the local and/or state level.
MEASURE	The degree to which MCHB grantees are planning and implementing strategies to sustain their programs once initial MCHB funding ends.
DEFINITION	Attached is a checklist of nine actions or strategies that build toward program sustainability. Please check the degree to which each of the elements is being planned or carried out by your program, using the three-point scale. The maximum total score for this measure would be 45 across all elements.
HEALTHY PEOPLE 2010 OBJECTIVE	Related to Healthy People Goal 23, Objective 12 (23.12): Increase the proportion of Tribes, States, and local health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have a health improvement plan linked with their State plan.
DATA SOURCE(S) AND ISSUES	Attached is a data collection form to be completed by grantees. Since these actions and their outcomes are necessarily progressive over time from the beginning to the end of a program funding period, grantees' ratings on each element are expected to begin lower in the first year of grant award and increase over time.
SIGNIFICANCE	In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees to work toward sustainability throughout their grant periods. A number of different terms and explanations have been used as operational components of sustainability. These components fall into four major categories, each emphasizing a

distinct focal point as being at the heart of the sustainability process: (1) adherence to program principles and objectives, (2) organizational integration, (3) maintenance of health benefits, and (4) State or community capacity building. Specific recommended actions that can help grantees build toward each of these four sustainability components are included as the data elements for this PM.

DATA COLLECTION FORM FOR DETAIL SHEET #33

Use the scale below to rate the degree to which your program has taken the following actions to promote sustainability of your program or initiative. Since these actions and their outcomes are necessarily progressive over the funding period, the ratings are expected to begin lower and progress over the grant period.

Please use the space provided for notes to clarify reasons for score.

0	1	2	3	Element
				1. A written sustainability plan is in place within two years of the MCHB grant award, with goals, objectives, action steps, and timelines to monitor plan progress.
				2. Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and in sustainability planning and implementation processes.
				3. There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.
				4. There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative.
				5. The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach and marketing strategies.
				6. The grantee identified, actively sought, and obtained other funding sources and in-kind resources to sustain the program or initiative.
				7. Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services.
				8. The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.
				9. The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative.

0 = Not Met
1 = Partially Met
2 = Mostly Met
3 = Completely Met
Total the numbers in the boxes (possible 0–27 score): _____

NOTES/COMMENTS*:*

Products, Publications and Submissions Data Collection Form

Part 1

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced by your staff during the reporting period (counting the original completed product or publication developed, not each time it is disseminated or presented). Products and Publications include the following types:

Type	Number
Peer-reviewed publications in scholarly journals – published (including peer-reviewed journal commentaries or supplements)	
Peer-reviewed publications in scholarly journals – submitted	
Books	
Book chapters	
Reports and monographs (including policy briefs and best practices reports)	
Conference presentations and posters presented	
Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)	
Electronic products (CD-ROMs, DVDs, audio or videotapes)	
Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)	
Newsletters (electronic or print)	
Pamphlets, brochures, or fact sheets	
Academic course development	
Distance learning modules	
Doctoral dissertations/Master's theses	
Other	

Part 2

Instructions: For each product, publication and submission listed in Part 1, complete all elements marked with an "*."

Data collection form: Peer-reviewed publications in scholarly journals – published

*Title: _____

*Author(s): _____

*Publication: _____

*Volume: _____ *Number: _____ Supplement: _____ *Year: _____ *Page(s):_____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL): _____

Key Words (No more than 5): _____

Notes: _____

Data collection form: Peer-reviewed publications in scholarly journals – submitted

*Title: _____

*Author(s): _____

*Publication: _____

*Year Submitted: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

Key Words (No more than 5): _____

Notes: _____

Data collection form: Books

*Title: _____

*Author(s): _____

*Publisher: _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

Key Words (No more than 5): _____

Notes: _____

Data collection form for: Book chapters

Note: If multiple chapters are developed for the same book, list them separately.

*Chapter Title: _____

*Chapter Author(s): _____

*Book Title: _____

*Book Author(s): _____

*Publisher: _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Reports and monographs

*Title: _____

*Author(s)/Organization(s): _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Conference presentations and posters presented

(This section is not required for MCHB Training grantees.)

*Title: _____

*Author(s)/Organization(s): _____

*Meeting/Conference Name: _____

*Year Presented: _____

*Type: ☐ Presentation ☐ Poster

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Web-based products

*Product: _____

*Year: _____

*Type: ☐ blogs ☐ podcasts ☐ Web-based video clips
☐ wikis ☐ RSS feeds news aggregators
☐ social networking sites ☐ Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Electronic Products

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: ☐ CD-ROMs ☐ DVDs ☐ audio tapes
☐ videotapes ☐ Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Press Communications

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: ☐ TV interview ☐ Radio interview ☐ Newspaper interview
☐ Public service announcement ☐ Editorial article ☐ Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Newsletters

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: ☐ Electronic ☐ Print ☐ Both

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

*Frequency of distribution: ☐ weekly ☐ monthly ☐ quarterly ☐ annually ☐ Other (Specify)

Number of subscribers: _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Pamphlets, brochures or fact sheets

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: ☐ Pamphlet ☐ Brochure ☐ Fact Sheet

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Academic course development

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Distance learning modules

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Media Type:
- ☐ blogs
- ☐ podcasts
- ☐ Web-based video clips
- ☐ wikis
- ☐ RSS feeds
- ☐ news aggregators
- ☐ social networking sites
- ☐ CD-ROMs
- ☐ DVDs
- ☐ audio tapes
- ☐ videotapes
- ☐ Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Doctoral dissertations/Master's theses

*Title: _____

*Author: _____

*Year Completed: _____

*Type: ☐ Doctoral dissertation ☐ Master's thesis

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Other

(Note, up to 3 may be entered)

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Describe product, publication or submission: _____

_____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____